

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>101586,205</b>		FILING DATE <b>7-13-06</b>				
							APPLICANT(S)						
CLAIMS													
	AS FILED <i>Article 34</i>		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1										
2		1		1									
3		1		1									
4		1		1									
5		1		1									
6		1		1									
7		1		1									
8		1		1									
9		1		1									
10			1										
11				1									
12				1									
13				1									
14				1									
15				1									
16				1									
17				1									
18				1									
19				1									
20			1										
21				1									
22				1									
23													
24													
25													
26													
27													
28													
29													
30													
31													
32													
33													
34													
35													
36													
37													
38													
39													
40													
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
51													
52													
53													
54													
55													
56													
57													
58													
59													
60													
61													
62													
63													
64													
65													
66													
67													
68													
69													
70													
71													
72													
73													
74													
75													
76													
77													
78													
79													
80													
81													
82													
83													
84													
85													
86													
87													
88													
89													
90													
91													
92													
93													
94													
95													
96													
97													
98													
99													
100													
TOTAL IND.	1	↓	3	↓		↓			↓		↓		↓
TOTAL DEP.	8	←	19	←		←			←		←		←
TOTAL CLAIMS	9		22										